

ISD 622 APPLICATION FOR HOMEBOUND/HOME-BASED INSTRUCTION

HOMEBOUND (medically confined to the home due to illness or injury with Dr. note attached; out of school for 15 days or an anticipated 15 days)

Or,

HOME-BASED (out-of-school suspension for 5+ days or placed per IEP team decision)

Reason for Homebound/Home-Based Services: _____

Please complete the following information:

Student Name: _____	Legal Residence Status: ___ ISD 622 ___ Nonresident
School: _____	Grade: _____ Date of last attendance: _____
Parent/Guardian: _____	Address: _____
Primary Phone: _____	Alternate Phone/Email: _____
Regular Ed. Student: ___	Special Ed. Student: ___ Primary Disability: _____
IEP Case Manager: _____	(attach the IEP page documenting homebound instruction).

Name of Homebound/Home-Based Teacher(s):	Subject(s)

Date instruction to begin: _____ Number of hours/week: _____

Approximate length of time student will be out of school: _____

Place of Instruction: _____

Principal or Assistant Principal Signature

Date:

NOTE: Please return this application form (signed by Principal/A.P.) and the Physician Request form (signed by doctor) to Shannon Horstman - Student Services Office, District Education Center. You may also email/scan form to shorstman@isd622.org